



Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Acute Inpatient Hospitalization <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Mental health
Setting	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary or involuntary basis.
Facility License	Required Nebraska state licensing for hospitals
Service Description	Acute inpatient service is the most intensive level of psychiatric care. It is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to stabilize youths who display acute psychiatric conditions. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction. Special intervention may include physical and mechanical restraint, seclusion and a locked unit. Services are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. 24 -hour skilled nursing care, daily medical care and a structured treatment milieu are required.
Service Expectations	<ul style="list-style-type: none">• Before admission to the inpatient psychiatric facility or prior to authorization for payment, a physician with a specialty in psychiatry must make a medical evaluation of the youth's need for care in the hospital. A multidisciplinary/bio-psychosocial, trauma- informed evaluation and screening for substance use disorder, as needed, must be conducted by licensed clinicians• The youth's family must be involved in the assessment, treatment and discharge planning. Initial contact with the family must occur within the first 72 hours• The treatment plan of care is completed within 24 hours with family involvement and is reviewed, updated and endorsed by the treatment team at least every 48 hours. Plan of care reviews under the direction of the psychiatrist should be conducted at least daily, or more frequently as medically necessary, by the essential treatment team members, including the physician/APRN, RN, and youth/family served• Discharge planning begins at the time of admission and includes: next appropriate level of care arrangements, scheduled follow-up appointments and assistance for the youth/family to develop community supports and resources. Consultation with community agencies on behalf of the youth/family

	<ul style="list-style-type: none"> • Services may include individual therapy, group therapy, family therapy and education for diagnosis, treatment and life skills • The inpatient services will have access to dietary, pastoral, emergency medical, recreational therapy, psychological, laboratory and other diagnostic services • The need for psychotropic medications is assessed by the physician with ongoing medication management, as needed • Psychological testing services, as needed • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities • Laboratory and other diagnostic services, as needed
Service Frequency	Face-to-face service with the physician (psychiatrist preferred), or APRN, daily. Psychiatric nursing interventions are available to youths 24/7. Programming services provided daily.
Length of Stay	The number of days is driven by the medical necessity for the youth to remain at this level of care. Typical acute inpatient services for youth range from 1 to 10 days.
Staffing	Special Staff Requirements for Psychiatric Hospitals <ul style="list-style-type: none"> • Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s) • APRN(s) (with psychiatric specialty) • APRN or (RN) with psychiatric experience • RN(s) and APRN(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift • LIMHP, LMHP, LADC, LIMHP/LADC, Psychologist • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, high school with Joint Commission on the Accreditation of Healthcare Organization (JCAHO) approved training and competency evaluation; 2 years of experience in mental health service preferred
Staff to Client Ratio	<ul style="list-style-type: none"> • The minimum staff to youth ratio is 1:3. The minimum therapist to youth ratio is 1:8 • Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for youths served • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment plan.
Hours of Operation	24 hours/7 days a week

Service Desired Outcomes	<ul style="list-style-type: none"> • Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for acute care in a hospital setting • Sufficient supports are in place and individual can move to a less restrictive environment • Treatment plan goals and objectives are substantially met
Unit and Rate	Per day

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